

THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMOEOPATHIC MEDICAL COLLEGE.

VOLUME IV.

NEW YORK, MARCH 20, 1888.

NUMBER 10.

THE CHIRONIAN.

VOL. IV.

MARCH 20, 1888.

No. 10.

EDITORS:

R. E. HINMAN, *Managing Editor.*

W. A. WAKELEY, *Business Manager.*

ASSOCIATE EDITORS:

E. S. SMITH, *Mat. Med.* F. W. HAMLIN, *Obstetrics.*

C. N. PLATT, *Surgery.* D. H. MCGRAW, *Paedology.*

C. A. GWYNN, *Practice.* A. A. HOAG, *College Notes.*

W. H. BENNETT, *College Notes, '89.*

F. LE C. DOWE, *Assistant Business Manager.*

TERMS:

Per annum, in advance, \$1.50. Single copies, 15 cents.

All communications should be addressed to THE CHIRONIAN, N. Y. Hom. Med. College, 23d Street and 3d Avenue, N. Y. City.

Alumni, Professors and Undergraduates are asked to contribute to our columns. All articles must be signed by the name of the writer.

The editors are not responsible for opinions of contributors.

Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."

All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

THE Annual Commencement Exercises of the College will be held at Chickering Hall, Friday afternoon, April 13th. Some of the boys think there is something sinister about Friday and thirteen coming together. We give conspicuous and early notice of these affairs, as we would like to see all our friends, then probably we will be there ourselves, it's not quite settled yet.

THE Annual Commencement Exercises of the Hahnemannian Society will be held in the Y. M. C. A. Hall, Wednesday evening, April 11th, at 8 P. M.

IT would be well for the teacher to hesitate occasionally in his outpouring of facts and theories, and find out if he is as good a teacher as he imagines, by probing the craniums of his listeners, for these same facts he has been firing at them so continuously. Quizzing in the classroom is an acknowledged factor in medical edu-

cation. It keeps the student constantly on the *qui vive* and constantly reading his notes and text-books on that particular subject taught by the professor who quizzes. It is natural that the student should study subjects on which he expects frequent reviews, and presumably, at the expense of more important branches.

There is not enough persistent systematic quizzing. Whoever went out from this college without the pathology of inflammation at his tongue's end? The reason can be had of the Professor of Surgery.

ON the day of the commencement exercises of the class of '87 two re-unions were held, one by '77 and one by '82. THE CHIRONIAN of May 1st mentioned that a great time was had, experiences exchanged and old friendships renewed. Could it be brought about this year that '78 and '83 meet on commencement day, and, like last year, go to Delmonico's in a body? We sincerely hope that some one of these two classes appoint himself a Secretary and notify the members of his class to meet at the College in the morning, attend the exercises in the afternoon and enjoy the banquet in the evening. As there were no Class organizations in those years, we would respectfully suggest that the President or Secretary of the Hahnemannian Society of '78 and '83 take upon himself the trouble of notifying the members of these classes to meet in New York on the 13th day of April. The names and addresses of the men of '78 and '83 can be furnished by the Janitor of our College.

THE new Board of Editors for the ensuing year have been chosen, with the following result:

Managing Editor, C. P. Opdyke.
Bus. Manager, E. C. LeDowe.
Materia Medica, C. Morrison.

Surgery,	F. C. Bunn.
Practice,	J. S. Cummins.
Obstetrics,	C. E. Wilcox.
Paedology,	W. H. Bennett.
Notes,	C. H. Lewis.
Assistant Notes,	J. F. Ackerman.
Asst. Bus. Manager,	Homer Clark.

We congratulate you, gentlemen, on your accession to college journalism. You may think it a joke, but it is not. Imperfect as such work necessarily is, you cannot expect to make any show at all without hard and persistent labor. It takes time, too.

Remember you are taking hold of the paper at the close of one of its most successful years, and you will be expected to secure success for it in the future.

Alumni Reunion and Banquet.

THE sixth annual reunion and banquet of the Alumni Association of the New York Hemœopathic Medical College will be held at Delmonico's, corner of Twenty-sixth Street and Fifth Avenue, Friday evening, April 13, 1888.

An engaging array of speakers is promised, and the College Glee Club has kindly consented to add to the enjoyment of the evening by rendering a very attractive programme. This Club is one of the best the College has ever produced, and we anticipate from it a very pleasant treat.

Owing to a certain misapprehension, we feel it important to announce that there will be no collection requested in aid of the building fund or for any other purpose, so far as we know.

It sometimes happens that alumni of many years' standing will attend the reunions, but, meeting comparatively few familiar faces, feel lost and strange amid the throng, and so return at the close of the banquet with perhaps a memory of pain rather than of pleasure. In order to prevent if possible such an occurrence, the Executive Committee earnestly request all who may so desire, to ask freely for introductions, or to make themselves known to any of its members, who will gladly do all in their power to add to the pleasure and sociability of the evening.

Members of the Executive Committee will be designated by a red, and ushers by a blue ribbon.

The meeting will commence promptly at 7.30, so it is important that all should be present by or before that hour.

It is earnestly hoped there may be a large attendance, for the evening promises to be one of unusual enjoyment.

Tickets for the Banquet may be obtained from Dr. S. H. Vehslage, Corresponding Secretary, 313 East Eighteenth street, from Dr. E. H. Porter, Treasurer, 161 West seventy-first street, or from any of the Executive Committee, at \$3.00 each. For the Executive Committee,

EDGAR V. MOFFAT, M.D.,

Chairman.

Acute Cystitis.

FROM A LECTURE BY PROF. F. E. DOUGHTY.

(Reported phonographically by E. S. Smith.)

GENTLEMEN.—The next affection of the bladder to which I invite your attention is Cystitis. Now, various forms of inflammation may attack the bladder, any, or all of its coats, and to such an affection we give the name Cystitis. But many times we want to express more than the mere name, we want also to express the form of the inflammation, so we use the terms Acute and Chronic. Or again, we want to express what part of the bladder is affected. Generally, the term Cystitis applies to the mucous membrane of the bladder, but sometimes the submucous tissue is involved, or the walls in their entirety, then we would use the term Cystitis Totalis, or Parenchymatous, or the tissue around the organ may be affected and we have Pericystitis. The term Cystitis applies then to the mucous lining.

The affection is by no means an uncommon one; it affects almost always young adults, is very rarely seen in children except as a traumatic affection. It varies greatly in its intensity, sometimes terminating in death in a few days, or sometimes a very distressing trouble but from which the patient recovers.

ETIOLOGY.—Now of the causes which produce it, we have *Traumatic* or *Mechanical* causes. By traumatism, we mean any violent blow to hypogastrium or perineum, or we may have injury to the bladder itself due to the rough use of the catheter or lithotrite in the operation for crushing stone, or a foreign body may be introduced into the bladder and remain there, or again we may have a stone there exciting inflammation in a mechanical way, or injury to the bladder in the female during delivery by the pressure of the foetal head on the bladder, jamming it against the pubes, or more often, the careless use of instruments in the delivery of the child.

As regards *Mechanical* causes, it is not infrequently necessary to inject the bladder for hemorrhage, chronic inflammation, or perhaps the injection used in the urethra for the cure of a Gonorrhœa may find its way into the bladder. Such a thing as this last mentioned cause is very unusual, indeed some authorities go so far as to say it is impossible to inject the bladder by means of a syringe at the end of the penis. Nevertheless such a thing is possible, for I have seen it done and have done it myself in a patient. Essentially any injections you use for the cure of a urethritis are so strong that they will produce this condition of affairs.

Then again we have as a cause, the extension of inflammation from the neighboring parts. Pelvic peritonitis, proctitis, any of these troubles may by continuity of tissue be carried to the substance of the bladder itself and produce there an acute inflammatory process. Again we have acute recurrences of an existing chronic disease. This is of very frequent occurrence. An organ somewhat crippled by a chronic or acute condition is affected by some alteration in the properties of the urine. I believe it is true that there are no known abnormalities of the urine that are capable of exciting an inflammation in the organ *de novo*, but if the organ is crippled, then ever so slight an altered urine may excite it.

And anything that will determine the blood from the surface to the internal organs may light up an attack. Then again we have drugs, as

cantharides, that are capable of exciting the highest grade of an inflammatory action in the bladder. Ordinarily a true inflammation is not excited, it may occur, however, to a very violent degree, not only from the internal exhibition of cantharides, but from its application as a blister, it being eliminated by the kidneys, and so being applied to the urinary surfaces and to the bladder. Copaiva has also been cited as a drug capable of exciting this result, but it must be very rare cases in which this occurs.

Improper food, as asparagus and onions, is put down by the authorities as excitants. These do seem capable of producing such attacks in certain individuals. I knew a physician who every spring had trouble with his waterworks, and finally he traced it to asparagus.

Rarely, we may have *cold* as a cause. Now this is disputed by some writers. For instance, Van Buren and Keyes, and I think they say it is impossible to excite cystitis in a previously healthy bladder by cold.

I am not entirely in accord with them on this point. I am positive in my observations that cold applied directly to the hypogastrium, or getting wet, sitting on cold stone or damp cold ground, or even getting the feet wet, anything that will suddenly chill the surface. Cold, however applied, I believe is an agent or element in producing this inflammation of the vesical membrane. And under the head of cold we may also include gout and rheumatism, they are brought in here to fill up a gap. When the cystitis originates we have the fact of its presence, but in going over the etiology, we find no cause; there has been no traumatism, no extension from neighboring organs, no cold, and yet we have a case of acute cystitis. Now if we look carefully into it, we would find that the individual is a gouty subject.

Not that he has had an explosion, but if we question him carefully, we will find that he is troubled with dyspeptic symptoms, or the bowels are constipated; indeed you will find that his food is not properly digested. He has drawing or shooting pains in this, that, or the other joints.

Suboxidation of food, development of salts in

urine, and so we get up an acute cystitis. This may seem far-fetched, but it gives us a loophole to account for these cases that are otherwise inexplicable.

PATHOLOGY.—As regards the pathology of this affection, if we look into a bladder that has been inflamed we would find a variable degree of hyperamia depending upon the amount of irritation, but if find we only the mucous membrane involved, it may be the entire mucous membrane, though that is not usually the case. Generally we find here and there patches and streaks where the membrane is affected, the color being a pink or pinkish red. We find the membrane is somewhat thickened and swollen, the epithelium may be shed here and there, giving denuded patches; but if the inflammation has gone higher we even have a slough through the mucous or submucous tissues, or the whole wall of the bladder may be in a state of gangrene, here we find a pinkish, purplish and blackish slough.

These changes, as I have said, may involve the whole lining membrane or the wall of the bladder, but such is not generally the case. There seems to be a tendency for it to limit itself in the base and neck of the bladder. We may find the surface of the membrane covered with a muco-purulent material, or lymph, and this lymph might be so organized as to form a membrane, and, if so, there would be on that membrane, an incrustation of the ammonio-magnesium salts.

SYMPTOMS.—The invasion of the disease is sometimes very sudden, and characterized by a chill; more frequently instead of a chill we have rigors followed by flashes of heat; this gradually runs on to a febrile movement, varying in intensity just as the local difficulty is more or less accentuated. If it is the whole surface, and involving the upper layers of the vesical wall, we will have this fever running high, the body will be bathed in perspiration, with restlessness, disturbed stomach, and even accompanied by nausea and vomiting. The patient is in a state of great apprehension, the pulse full and bounding. Such is the first stage.

As the local affection goes on the scene changes; the patient is bathed in a profuse cold,

clammy perspiration. He will gradually work into a comatose state, hiccough comes on, he will sink into a lower and lower state, dying comatose. This is a picture of the severe form and takes place, if death closes the scene, generally in about a week or ten days after the attack. Of course there is also an increase in the local symptoms. If the attack is mild, just so are the constitutional symptoms mild. There are only rigors at the start, followed by a moderate degree of fever, perhaps not attended by any gastric disturbance.

Now locally we find with the invasion of the disease, pain referred to the hypogastrium, perhaps with some degree of tenderness there. Soon these pains extend to the perineum, that becomes tender as well as the seat of pain. These pains shoot down the penis, down the thighs, back, and into the loins, and with the accession of the pain and tenderness, then comes increased frequency with the desire to urinate. The urine retains the normal appearance, but has to be voided more frequently than usual. But later the act of urination is painful, it is painful before the act, it is painful during the act, it is painful at the end of the act, just in proportion as the inflammation involves the neck of the organ.

In a severe case when the tenesmus is violent this increased frequency of micturition becomes greatly augmented at first, the act is performed every hour, every half hour, every few minutes, and finally it never ceases. Even between the acts there is still pain, the tenesmus being of a most violent character resembling in its intensity the worst kind of labor pains. It is a violent bearing down, bringing on hemorrhage or even hernia, the patient having no rest day or night. I make this special note of it because an affection we shall speak of latter is neuralgia of the bladder—there is tenesmus during the day or when the mind is not occupied. After a while it will be observed that the hypogastrium is full, and that there is evidently a tumor there. When you percuss it you find it dull, you palpate and you find it fluctuates. You have retention of urine in spite of these violent spasms. Urine is forced out each time but it is only a few

drops with violent scalding through the whole penis. The tenesmus is so severe that it does not allow the urine to get out, adding to the distress of the patient and increasing the inflammation. The patient worn out by this incessant suffering day and night, every hour and minute, gradually drops into the depressed condition that I have described and death ends the scene.

Now the form which you most frequently find you have the same symptoms only in a milder degree; there is pain in the hypogastrium and perineum, shooting around in various directions, increasing frequency of micturition, perhaps every few minutes, but pain is not nearly so extreme as that we have described but is had enough, in all conscience. Now as regards the urine in such an attack. In extreme cases it is at first clear, acid in reaction, and does not depart from the normal condition; but gradually it becomes opaque, and disseminated mucus and mucopurulent material appear, later it will be alkaline, bloody, offensive and very thick and the pus distributed through it. Very rarely it will be in the form of a gelatinous mass.

If it is allowed to stand it throws down the triple phosphates, if examined under the microscope, shows blood, pus and connective tissue. We may find a mass of this cellular tissue and muscular fibre, but that is very unusual, we may find various salts, but those that are in excess are the triple phosphates.

The mucous membrane in the first stage is actually dry; then we have an increase of the natural secretion, then this increase of the natural secretion changes to an increase in an unnatural secretion. It gains other properties than those which belong to the natural mucus, it becomes more purulent. Thus, at this stage of inflammation in the bladder, the mucus acts as a ferment, then if it goes a little further, we have a mucus discharge; we have the pus acting not only as a catalytic body, but we have the *liquor puris*, which tends to neutralize the acid urine, or the first acting as a catalytic body induces changes in the salts of the urine as a second factor. These two working together change the urine into carbonate of ammonia,

which irritates still further the lining membrane, causing an increase of pus and so an increase of *liquor puris*, or ferment. So we find here an acid urine, originally seen becoming opaque purulent, then alkaline, with a deposition of the alkaline salts.

Now is it possible to tell at all from the symptoms what part of the bladder is affected. This is rather a refinement, but probably worth mentioning in passing. If it is the neck of the bladder which is affected, you have violent tenesmus and scalding on urination as prominent symptoms. If it is the anterior wall of bladder that is affected these symptoms will be less. If it is the base of bladder which is affected, then there will be more pain in the rectum, reminding you more of the pain in prostatitis. But, after all, it makes little difference whether it is the anterior or posterior wall which is affected, it does make some difference whether it is the neck, because we find that some remedies act more upon this part.

PROGNOSIS.—The prognosis, of course, varies. In severe cases, it is a very grave disease, and the prognosis is very unfavorable, death generally relieving the patient in from a week to ten days; but in a mild case improvement usually begins on the tenth day. The tenesmus is, perhaps, the first thing to let up, then there is a diminution in the pains and fever, the last thing being the clearing up of the urine.

TREATMENT.—Now, what can we do for such a condition? Of course, the first thing is rest, and rest absolute. The patient should be put to bed. Indeed, in most attacks that amount to anything at all, his inclination will be to remain in bed. We may apply hot fomentations over the hypogastrium; they comfort the patient and they give him something to do. Before we speak of the indicated remedies, let us speak of one that I dislike to use, and yet one to which you will be obliged to resort in order to relieve the patient. It is to be withheld for many reasons. First, because it tends to disguise your symptoms, and you do n't know where you are, rendering it more difficult to select your remedy; then it tends to lock up the bowels, but more, because it acts upon the urine itself,

tending to make the urine more irritating, and as it is already irritating enough, you do not want to use an agent that will make it more so. Nevertheless, with these and many more things against the employment of this agent, you must bear in mind that your patient is suffering, perhaps is suffering the torments of the damned. Now, it is really an agonizing thing to see a man suffering from cystitis grasp his penis and testicles and run around the room, you can't help having sympathy for him. If you have an inflamed eye, what do you do for it? If you have any part inflamed, the best thing to do is to give it rest, and that is what you want to do for the bladder. It must receive its urine and pass it out. As soon as the urine enters, you have violent squeezing of the muscles, the patient making his urine every few minutes keeps the organ in a constant state of tension and so aggravates the difficulty. Now, if your indicated remedy would only stop that thing or modify it so that the acts can be postponed for an hour it would be very good, but it won't do it. The one thing you can do is to put your patient under the influence of opium, in that way you can give him rest and relieve him of the most agonizing suffering, and save strength. In the next place you tend to put the bladder in a way so that it can recover. It is not necessary to narcotize the patient, give just enough opium either by the rectum or hypodermically, any way, give opium enough so that your patient will have a degree of rest and freedom from pain.

These considerations in my mind outweigh all objections that can be brought against the drug, except perhaps in a case where there is an idiosyncrasy against opium, then you must simply look around for some other narcotic to take the place of opium. Avoid chloral, for that has a specific action on the bladder. You have Cannabis Indica and Hyoscyamus, but after all when you look over the list of narcotics it is very small.

There is a drug which I have not tried in this condition, but which I would be tempted to employ if the other narcotics were not tolerated, and that is cocaine. To apply this you would

have to use a catheter, and you would introduce a four to six per cent. solution. Some very excellent results have followed its use. Of course, it is only temporary in its action, and you would have to repeat the operation.

REMEDIES.—Now as regards remedies. For an acute cystitis I would enumerate the following: Aconite, apis, bell., can., sat., canth., colocynth, equisetum, merc. corr., nux. vom., and terebinth. These are Homœopathic remedies and in Homœopathic doses. There is another remedy, viz.: Bromide of potash in very material doses—twenty and thirty grains. Hydrobromic acid is another agent I would have you bear in mind. Benzoate of ammonia is a remedy when there is foul-smelling urine, oil of eucalyptus, the dose being from three to five drops on a lump of sugar, repeated three to four times in twenty-four hours. From this list of remedies you will probably be able to select one that will be suited to any given case. You will perhaps be obliged to ignore your local symptoms. If you have a prostration and depression, the cold, clammy sweat, why such a remedy as veratrum or camphor would come in, or if there was heart failure, digitalis or veratrum viride might be indicated.

*Case Illustrating the Influence of
Small Degrees of Astigmatism
in the Production of Nervous Disorders.*

F. H. BOYNTON, M.D.

Read before the Homœopathic Medical Society, County of New York. Meeting, October, 1887.

PREVIOUS to 1882 Miss L.—enjoyed perfect health. In July of that year she had a severe attack of diphtheria, from which she recovered slowly. This was followed by a severe attack of quinsy in November. During the winter of 1882–83 she lost appetite and flesh and became sleepless and nervous. In May she

became so weak she had fainting spells. Her physician said she was suffering from nervous prostration. He put her upon tonics and advised rest; notwithstanding which she grew weaker and weaker, suffering tortures with attacks of violent headaches and spinal pains and tenderness. A sea voyage being advised she sailed for Europe November 1, 1883. A celebrated Gynecologist in Berlin pronounced the cause of the disorder to lie in a slightly retroverted uterus, which he proceeded to straighten by inserting a steel pessary. This he deemed sufficient, giving no other treatment. By April she was so ill that her friends hurried her home. From Liverpool to New York she was constantly under the ship-surgeon's care, fainting about three times a day and suffering much from cephalalgia and sleeplessness.

Her physician found that the pessary which had been introduced in Germany had become imbedded in the vagina and covered by granulations; and further, had induced a cellulitis, which, together with the pain and sleeplessness and headaches, had reduced his patient to a mental and physical wreck.

It seemed as if her reason would be entirely unseated and even her life was despaired of. By careful local and constitutional treatment, the vaginal inflammation was so far subdued, in a few weeks, as to permit her removal to a sanitarium in a western part of the State, where, in three months, all pelvic inflammation was cured. But as to her general health—the spinal pain and tenderness, the headaches and insomnia, did not disappear. The physicians in attendance—five in number—all agreed that she suffered from “congestion of the spine,” and that she must have vigorous treatment or she would lose the use of the lower portion of the body. To which treatment she submitted. Then followed four months of cauterization by the actual method, cupping, fly-blistering and freezing by bags of ice and salt. These heroic applications to the spine failing to infuse new life into our enfeebled patient, they resorted to the application of the Braunscheidt instrument with the regulation application of croton oil to the abraded surfaces

after each treatment, which was given on alternate days for six weeks. At the end of this period nature refused to respond longer to the torture, and the patient sank into a comatose state, which lasted ten days. When she recovered consciousness she was unable to move hand or foot. For nine weeks she struggled back to life, recovering somewhat the use of her limbs, when she was again brought back to her home. From this time she improved rapidly, until she was able to walk around and remain out of bed a portion of the day, though she still suffered attacks of violent migraine, recurring three to five times a month, and putting her in bed from two to five days of each attack, also constant pain through the shoulders and extreme tenderness down the entire length of the spine. At this time she obtained little or no sleep. Indeed, she considered herself fortunate if she succeeded in getting three hours' sleep out of the twenty-four, and often she got none at all.

During September of this year, 1886, she became so weak as to faint several times a day, and was obliged to remain in bed most of the time. She could not concentrate her thoughts upon any subject, and constantly felt confused and dazed.

On the 5th of October, 1886, she reluctantly consented to consult me, saying she had never experienced any trouble with her eyes, and did not understand why she should consult an oculist. She presented the appearance of a fine specimen of the “fat aneme”: complexion yellowish, leathery, and skin dry.

An examination of her eyes showed $V = \frac{1}{2} \frac{1}{2}$ O. U.

A few minutes later, $V = \frac{1}{2} \frac{1}{2}$. Then again only $= \frac{1}{2} \frac{1}{2}$.

The test proving uncertain, atropine solut, 1°, was instilled into each eye, and she was directed to return in two days.

October 7, 1886 :

$$V = \frac{1}{2} \frac{1}{2} + 0.25_c 90^\circ - 0.25_c 180^\circ = \frac{1}{2} \frac{1}{2}.$$

October 13, 1886.—Six days later she reported that since the use of atropine her head and back had been wonderfully better and she had slept well every night.

The test of the vision and refraction being

the same, glasses were prescribed as selected on the 7th inst.

January 20, 1887.—Reported that she had been entirely free from headache, backache and tenderness of spine, except one attack of migraine, lasting eight hours. Later, an attack threatened, which was quickly arrested by one instillation of atropine.

Of the further history of this case there is nothing to record, except the rapid restoration to health. Within three weeks from the adoption of the glasses, the sallow complexion and expressionless face gave way to the pinkish blush and active eye of returning health, and to-day she is as fine a specimen of healthy womanhood as one often sees. She has had but two headaches in a year, and both of these the result of over-fatigue. She has not missed a night's sleep, and often walks ten miles in a day.

Diseases of the Ear. Are they Amenable to Homœopathic Treatment?

BY E. ELMER KEELER, M.D.

AFTER reading the very interesting article in the February number of THE CHIRONIAN under the above heading, I feel desirous of adding a word of praise both for the article itself and for the learned doctor, its author.

There is more of *practical truth* in that article than in many a medical volume of half a thousand pages.

One may indeed search through all the old-school literature and find less of real value in the therapeutic treatment of ear diseases than is contained in those two pages.

Cures are made every day by the appropriate homœopathic remedy in cases where no help at all can be given by the old school, or where morphine would be used to pacify the patient while the disease ran its course unchecked.

To prove this statement I will give a few cases from my practice.

Mr. S——, an express agent exposed to severe atmospheric changes, was obliged to leave

his train with a severe attack of acute otitis media suppurativa. Before I saw him, rupture of both drum-heads had occurred, followed by profuse discharge, but this had brought no relief to the sufferer. For three nights he had been unable to sleep on account of the great pain and troublesome noises.

Audition was so poor that it was with great difficulty that he could be questioned. Temperature 103°. Face almost a scarlet fever hue, slightly delirious at times.

I ordered one drop of *plantago maj.* in each meatus every hour until relieved, and from the consensual cerebral symptoms prescribed Bell³. When I next saw the patient, twelve hours after, I learned that within two hours after commencing to take the medicine he went to sleep and slept four hours. I then found the fever much less, and all the acute symptoms had so changed that no one could doubt but that the patient had been helped towards recovery, as well as relieved from pain. Our old-school brethren could have relieved the pain, but homœopathy did that, and more.

The subsequent treatment consisted of the different mechanical measures necessary to insure the clearing of the ear of the débris, and to cause the ossicula to move with their wonted freedom. *Hepar, sulp. pulsatilla* and *mercurius dulc.* soon completed the cure.

Case No. 2 was of Edward U——, who came to me with otitis media suppurativa chronica ("a running ear") following scarlet fever. This had been his companion for twelve years. He had received treatment from different old-school physicians and one specialist, Dr. W. of—— Bridgeport, with little or no help. Upon examination I found the left ear half filled with muco-pus, under which I found upon removal a mass of granulations nearly hiding tympanum. There were evidences of pharyngeal catarrh. Efforts were frequently necessary to "clear the throat." Audition was 4—60 in left and 12—60 in right ear. Here again I used a mixed treatment, producing greater results than would either alone. The meatus was kept scrupulously clean, the middle ear inflated, and on the granulations boracic

acid was dusted three times a week, while kali mur. 6x, was given internally. The result was in two weeks to close the perforation, disperse all the granulations, and improve the audition, and in three months, with weekly treatments, to bring the hearing up to 36—60 for left and 50—60 for the right ear. These are not exceptional cases, but are thus cited at length to show what may be done by an intelligent use of such mechanical means as will aid, and the appropriate homœopathic remedy. "Let us prove all things and hold fast to those that are good," but, strange to say, we find that most all of the really *good things* have already been proven by the pioneers of homœopathy.

DANBURY, CONN., February 29, 1888.

The Decline.

SOME time ago there appeared in THE CHIRONIAN the following assertion, copied from an old-school journal, headed "Going into a Decline"—in which a Doctor, J. N. Love, says that "he is strongly of the opinion that the decline of Homœopathy and other "isms" in the profession, which is now well under way, is largely due to the dignified ignoring of them on the part of the regular profession during these latter years."

How the doctor can assert that the dignified ignoring of our school produces a decline, we cannot understand, nor how this dignified ignoring is done, as we hear so often that our most prominent surgeons and physicians are called in consultation, and do consult with prominent men of the old school. Even taking for granted that the regular profession (so called) does ignore the homœopathic physician, does the public also ignore him?—the public, which is the most interested party in regard to selecting a family physician? We think not. Should sickness occur in a family and a physician has to be called, the family does not always send for the doctor who lives nearest by, but sends for the man in whom they have perfect confidence, and whom they can trust to use his utmost skill to cure the sick or prevent disease.

The homœopathic physician is not ignored, as he is employed in this great city, not only by the

poor or ignorant, but by the educated and wealthy class. Millionaires of Wall street, to whom money is no object when the life of a member of their family is in danger from sickness, judges of the highest courts, editors, clergymen, bank presidents, in fact, we may say without fear of contradiction, that the educated and wealthy people of New York City employ homœopathic physicians. The Astors or Lorilards would not employ a physician if they had not the utmost confidence in him. This much for the private practice. I would like to say a few words also about the public and private hospitals in this city under the medical care of those who follow the precepts of Hahnemann.

Twenty years ago there was only one institution, *The Five Points House of Industry*, where the attending physician was a member of the new school. In 1872, or about fifteen years ago, 601 cases were treated, with nine deaths. In 1887, 1,565 patients were treated, with nine deaths. To-day there are two resident physicians, with a large out-door department connected with that institution. Is this a decline?

Fifteen years ago there were a few small dispensaries scattered throughout the city; the *Tompkins Square*, the *Western*, the *Bond Street*, the *Harlem*, and the *Homœopathic Medical College* Dispensary. Five dispensaries have been added since that time, the *Avenue A*, the *Bayard*, the *Mount Morris*, and the *Yorkville* Dispensaries. But the most imposing monument to Homœopathy stands to-day in the centre of the city, on one of its most busy thoroughfares, at the corner of Twenty-third Street and Third Avenue, the *Ophthalmic Hospital*. Founded in 1853, located at first at 6 Stuyvesant Street, with old-school medical attendance, there were treated 1,274 patients, and over five hundred smaller operations performed, such as *cupping*, *leeching* and *bleeding*. In 1862, when the late Peter Cooper was President of the Board of Trustees, he leased his former country residence, at the corner of Twenty-eighth Street and Fourth Avenue, for a nominal rent, for the use of this Hospital.

On the 10th of June, 1867, the Board of Trustees passed a resolution to the effect that

"the Homœopathic system of treating the diseases of the eye is more effective in restoring the sight and less painful than the one formerly in use in the hospital." These resolutions were carried out, the late Professor Liebold, Professors T. F. Allen, C. A. Bacon, and Dr. J. McE. Wetmore were appointed attending physicians. In 1871 the ground where this magnificent building now stands was purchased, and in the following year Mrs. Emma A. Keep endowed the Hospital to the amount of one hundred and five thousand dollars. 1,684 patients were treated in 1873, and 10,789 in 1887. The Throat Department in this Hospital has the largest attendance of any similar institution in the world, not even excepting the Throat Clinic held in London under the supervision of the celebrated Dr. Morell Mackenzie, which, as statistics show, is the second largest.

Again we would ask: "Is this a decline?"

The next institution, almost entirely supported from the proceeds of fairs, was the *New York Homœopathic Surgical Hospital*, now the *Hahnemann Hospital*, on the corner of Sixty-seventh Street and Park Avenue. The City of New York, for the sum of one dollar, in hand paid, gave twelve lots for the use of this Hospital forever, and there now stands a handsome building with accommodations for one hundred patients. Thirteen years have passed since this Hospital was opened, and its records show that homœopathic surgeons are not behind in battling with diseases which require surgical interference.

The centennial year stands forth as the year when Homœopathy received its due recognition from the municipal government of the largest, wealthiest and most charitable city in the United States, the City of New York. The second largest public hospital in this city was opened for the reception of the city poor in that year, and thousands have, since that time, been restored to health in this splendidly conducted institution. Almost seven hundred patients are under the medical care of Dr. T. M. Strong and his eight able assistants, and statistics, as compared with other public institutions under the care of the Commissioners of Charities and Correction,

show that the percentage of deaths and the cost of medicines is below that of any institution under their control. Homœopathy may feel proud that New York City has tried the new school fairly by giving it a hospital whose records show that the trust imposed upon the homœopathic profession has not been misplaced.

In the winter of 1886, a large and commodious hospital was built in 111th street, near Fifth avenue, for the treatment of children from two to twelve years old. When finished and thoroughly equipped with all the latest and most scientific apparatus for treating the many deformities and diseases incident to childhood, it was placed under the care of Homœopathic physicians. We refer to the *Laura Franklin Free Hospital*. Its first annual report shows that eighty medical cases and eighty-one surgical cases have been treated. Among the latter, some of them of the most serious kind, not one death has occurred. The percentage of deaths from all diseases was 4.22, and, taking into consideration that only the poor, and therefore often ill-nourished children, are accepted, being a free hospital, we may be proud to state records like this must convince the most skeptic that Homœopathy is the superior mode of treatment, that *Similia Similibus Curantur* is the truth, that truth has prevailed and will prevail forever.

The next hospital opened was the *Helmuth House*, at 41 East Twelfth street. Surgical cases of the most difficult and dangerous kind are principally treated there. The last half-yearly report shows that ninety-four patients were treated, among them thirty-eight for laparotomy; of this whole number, nine died. Well may Homœopathy be proud to show records like this.

We cannot omit to mention the *New York Homœopathic Medical College and Hospital*. In a former number of THE CHIRONIAN the plans of the new buildings for college and hospital purposes were described. The ground, sixteen city lots, has been bought and paid for, some endowments have been promised, and a fair will be held for the benefit of the hospitals and college in the first week of April. A bright

future is in store for this worthy institution. The alumni of the college will feel elated when they see another monument to Homœopathy erected which will compare favorably with any other similar institution in this country, and which will hold up the theory of Hahnemann to the world as the only true and successful mode of battling with disease, as it has done for more than twenty-eight years.

Several medical societies and clubs have also been formed: *The Alumni Association of the New York Homœopathic Medical College*, in 1883; the *Carroll Dunham Club*, in 1883; the *Society for Medico-Scientific Investigation*, in 1883; the *American Obstetrical Society*; and the last, but not least, the *Chiron Club*, in 1886.

Two medical Journals, the *American Homœopathist*, in 1877, and *THE CHIRONIAN*, in 1884, both in a flourishing condition at the present time, both pledged to promulgate Hahnemann's teachings to the world, have made their appearance and promise to be no mean factors in helping to show what Homœopathy can do and does. Webster defines *decline* thus: "To tend or draw towards a close, decay or extinction, to tend to a less perfect state, to become diminished or impaired, to fail, to sink, to decay, etc." Would any sane person, who has eyes to see and ears to hear, bestow one thought upon such vaporings as Dr. I. N. Love expressed in the *Medical Register*. Decline indeed! The best judge in all matters of this kind is the public; the educated and wealthy public endorses Homœopathy, it does not need other endorsement.

F. D.

The Prophylaxis of Diphtheria.

A. WORRELL PALMER, M.D.

LADIES and gentlemen of the Society, this subject of Prophylaxis and prevention of diphtheria, like most of the other medical themes seems nearly exhausted; and such is the case about the general preventive measures included under the head of disinfectants and hygiene. Concerning these it is not my inten-

tion to speak this evening, but of the usually neglected division, "Individual Prophylaxis" of the dread disease. By this is meant, the administration of drugs or other preventative measures directly to the body of the healthy individual, to preclude his taking the disease to which he has been, or is unavoidably exposed.

From the standpoint of our professional brethren of the other school, this subject has been quite ably considered by Dr. August Caille in an article in the *Medical Record* of February 8, 1888, although I rather take exception to the first paragraph of said article relating to the frequency of such cases and regularity of such attacks, which reads as follows: "Every experienced practitioner has probably observed that in certain families, one or more of the members *regularly* take sick with diphtheria in the spring or fall of the year."

But as Dr. Caille remarks, that the subject of individual prophylaxis is barely mentioned in the allopathic text-books, so have I found it in the literature of our own school, not being in any regular text-book on therapeutics, and only noticed in monographs and papers on the treatment of diphtheria.

And this neglect seems less excusable with us, because we have a fundamental law upon which we can the more easily base experiments, also examples in other epidemic diseases, as scarlet fever.

The following are extracts from all the articles that have been found in English and German translations. For the literature up to 1877, I have depended upon the "Therapeutics of Diphtheritis," by F. Gustave Oehme, M. D.

Grauvogl in the *Allgemeine-homœopathische Zeitung*, 74, 202, while speaking of alcohol in its different forms or compounds, makes this remark: "Gargling with dilute alcohol is the best prophylactic."

Luingenberg in the same journal, '71, 1, only says: "As prophylacticum, I order after every meal a little brandy or claret."

Again in the same journal, '79, 28, Ozanan writes: "Bromine and chlorine have the power to destroy miasm. With their vapor the air can be purified and epidemics prevented. A few

drops of a solution of either will prevent infection from diphtheritis, and we have saved whole families from it by ordering each member to take bromine water (10 to 12 drops daily in sugar water), but as the only recorded sample of the effects of this treatment we have the following, which in my opinion, is not a brilliant result. "The wife and two children of a diphtheritis patient took bromine water as a prophylacticum. The children had a slight attack of it, the mother none." (Under ordinary circumstances we recognize that an adult is not liable to succumb to the poison as a child, therefore, it is quite likely the mother might not have taken it even without the prophylactic.)

Dr. Wm. Morgan in his treatise on diphtheria, of camphor thus reasons: "As it acts as a powerful prophylactic in cholera and summer diarrhoea, it is worthy of a fair trial as a preventive of diphtheria."

Carbolic acid in relation to this disease is spoken of by three physicians as below.

Lutze says: "Carbolic acid has not yet failed as a prophylactic. Carb. ac. 1 gr. to 1 oz. of water, every two hours a teaspoonful, has a favorable influence on the fungous growth, less upon the fever and other complaints." (*Allgem. h. Ztg.* '80, '83.)

In the same journal, '81, 44, Gigliano's experience lead him to assert: "Carb. ac. 6 d., was a sure prophylacticum. If the remedy is administered in the 3d. dil., as soon as the disease breaks out, recovery takes place in three days."

Concerning carbolic acid, Dr. Wm. Morgan writes: "In diphtheria it may be used as a prophylactic—1 gr. in water taken night and morning; also as a gargle, by means of a spray, inhalations or applied to the fauces once or twice a day. Formula, 1 part of acid to 100 of water."

The same author refers to iodine thus: "This agent has been recommended as a disinfectant and to check the progress of diphtheria, it is used as a gargle, inhalation and administered internally."

Dr. Villers, from a more extended field of observation, extending over ten years and including epidemics in Dresden, St. Petersburg,

and another city in Russia, remarks that he "found that the disease was always the same, and that merc. hydroc. was the only suitable and quickly operating drug. He did not lose a single case, but insisted on using the 30th dil. It certainly should not be administered below the 6th (1:99) dil. He then says: "If the remedy is given in the stage of invasion, *i. e.* before the exudate is deposited, it will not appear at all. As a prophylactic it is equally effective." (*Internationale h. Presse*, 6.)

Dr. Wm. Morgan speaking of terebene, a disinfecting compound prepared by a Dr. Bond, of Gloucestershire, England, says: "In diphtheria it may be used as a gargle, topically by means of a brush or sponge, or by inhalations or spray. As a medicine it may be administered several times a day, particularly when we suspect the disease has entered the stomach or intestines."

The same writer refers to thymol in this manner: "It may be administered as a medicine and used as a gargle, inhalant or spray, and also as a topical application."

The action attributed to the next two remedies is almost prophylactic, and therefore interesting in this connection.

In an article on diphtheria by the late Dr. Ad. Lippe, of Philadelphia, read before the World's Homœopathic Convention, in 1876, we find these as the indications for bell: "The patient complains from the onset of much dryness of the throat and great pain on swallowing, the glands of the neck swell at once, the throat looks red, the neck becomes stiff. The patient is very drowsy; his head is hot and painful. Under such circumstances the disease may be entirely prevented from further development, even though there may be diphtheritic cases in the same house."

But Lorbacher's experience brings him to an opposite conclusion, expressed in these words: "The inflammation of the tonsils and fauces might induce one to select bell. in the very beginning of the disease; but it would *not* have the least influence on the *course* of the diphtheritis."—(*Allg. h. Ztg.*, 89, 44.)

The scant indications for amm. triph., given by Dr. W. R. Childs in the *Hahne. Mo.*, Mar.

1874, are : "Constitutional symptoms of diphtheria with congested throat ; it will often cut short the disease."

(To be Continued.)

College Notes.

PROF. SHELTON gave his last lecture on Pharmaceutics March 7th.

GREAT applause greeted the new assistant at Wednesday's surgical clinic.

DEAN, '90, has been called home on account of business matters, but will return next fall.

THE proof of the group of '88 has been received, but was not satisfactory, which will necessitate another trial.

THE report of Prof. Moffat's lecture on Bryonia should have been credited to Mr. E. S. Smith, editor of *Materia Medica*.

PROF. HELMUTH has mentioned several new splints for the treatment of fractures, the most notable being the anterior and *backterior* for the fractures of the forearm.

"YANKEE curiosity" manifests itself here, as well as everywhere else, especially at class meetings when members from other classes come in and take a seat in the back row.

"CHICKENS come home to roost," and so do newly born infants sometimes. A Junior lately found one on his front door step. They say it had a *noble*-looking countenance.

MR. BENNETT, who received an injury on the back of the head, resulting in an acute suppurative inflammation of the middle ear, is convalescing, will soon be about college.

THE Juniors are anxiously awaiting the results of the late examination in urinary analysis, wondering whether any "subterranean communication" has been connected with their heretofore "innocuous desuetude."

OUT of respect to the Professors and the other members of the class, we would ask those men who are habitually late to lectures, and retire before the close, to so arrange their affairs that they may attend the whole lecture.

PROFESSOR L. : Mr. Marsh, will you give me the properties of H^2O ?

Mr. M. : It is a colorless, odorless substance, etc., etc.

Voice from behind : What is he giving him?

Another voice : CH^4 (*Marsh gas*).

THE course in microscopy is nearly finished. Sixty hours will have been spent in this direction, and still there are those who find it difficult to distinguish between a *tube cast* and a *linen fibre*, or a *finger mark* on the cover glass and a *fat cell*; but certain it is that not one member of the class would fail in the detection of *extraneous matter*.

THE ladies of New York interested in the Homœopathic College and Hospital are to hold a fair the first week in April, at which a first-class eight-oared shell, latest model, for a crew averaging 150-165 pounds, is to be voted to the most popular college. Yale, Cornell, Columbia and University of Pennsylvania have already entered the contest.—*Williams Weekly*.

THOSE who never go into the library are not aware of the additions that are being constantly made to the valuable collection of books already on the shelves. Getchell's large work on Obstetrics was recently bought at a bargain, as well as a finely illustrated "Pathological Anatomy." Professor Beebe's gift, which includes, among other books, "Fagge's Practice of Medicine," is now at the service of the students.

OUR collection of writings on the theory of Homœopathy is quite complete, and is one of which students should not neglect to avail themselves. It is a homœopath's business to be well grounded in the faith that is in him, and we cannot lay too much stress on the value of this alcove in the library.

THE COMING FAIR.—During Easter week a huge fair will be held in the armory of the Second Battery for the purpose of raising money to aid in the construction of the new Homœopathic Hospital and College Buildings. Captain F. P. Earle has offered the use of the armory for the fair besides his contribution of \$10,000. Many well-known ladies are interested in the

matter and are actively at work soliciting subscriptions and perfecting the organization.—*No. Am. Journal of Homœopathy.*

PROFESSOR HELMUTH's invitation to the Senior Class and Faculty for the evening of March 24th was one of the pleasantest surprises of the year. Speaking for the Class, we can say that their presence at the Doctor's house on that evening will doubtless signify their unanimous acceptance. The color of the ink with which the invitations are printed is not only appropriate to the day, but is also suggestive that the occasion will, without doubt, always remain a green spot among the memories of college life.

DR. FAUST, of Poughkeepsie, accompanied by his sons, Louis Faust, '77, and F. A. Faust, '86, called at the College a few days ago. They were just in time to see Professor Helmuth show the class how to put on splints for a fracture of the lower extremity. In the evening they witnessed the exercises of graduation of the Veterinary College at Chickering Hall, where the third son, Otto, received his Diploma. Dr. Faust may well be proud of his sons, the fourth one attending a high school at present, and will soon enter our College as a Junior.

THE Committee of Arrangements for the Hahnemannian Commencement, have succeeded in securing the Rev. D. R. Frazer, D.D., of Newark, to deliver the address on that occasion. It is hoped that a full house will be present this year. To obtain this will require the co-operation of students in the lower classes, as well as the efforts of the Seniors to have as many of their own friends as possible present. Those who are to take part are the best talent in the upper classes. This, with singing by the Glee Club, and instrumental music, will make the programme an attractive one.

MANY of our Students will have noticed meeting, in the halls of the Ophthalmic Hospital building, an old blind gentleman, being led by a patient who was able to take him out doors to take exercise. This old gentleman was Mr. Geo. R. Graham, one of the foremost literary men of his time. He was founder of *Graham's Magazine*, in 1840, and until he sold it, in

1853, had among his regular contributors William Cullen Bryant, Longfellow, Bayard Taylor, Edgar Allan Poe, Thomas D. English, the Carey Sisters, Anna Stephens, N. P. Willis, and other gifted people, whose writings have been enjoyed by hundreds of thousands of readers. Cataracts on both eyes having formed, he entered the Ophthalmic Hospital about four years ago. Placed first under the care of the late Professor Liebold, and later under Dr. F. H. Boynton, '74, several operations were performed by the latter, and to-day the old gentleman, over seventy-five years old, enjoys good eyesight, and has gone to Newark, N. J., as the guest of Mr. Atkinson, the editor of the *Unionist*. All those who know the old gentleman rejoice with him, and, as he has entered the literary field again, wish him all the success his previous high standing in journalism entitles him to.

A Quiz.

CAN you tell me, gaunt-faced student,
Anything you 've learned as yet?
For no doubt 't would be most prudent
To review ere you forget.

So I'll ask some simple questions,
Such as each might hap to get
In the last examinations
When Profs. and Censors must be met.

Could you give a hernia's coatings,
Let the kind be what it might,
Or the drugs with symptoms cov'ring
Sudden diarrhoea from fright?

Would you know a Colles' fracture
From an uncomplicated sprain,
And tell me how you'd make the tracture
To get the bones in place again?

How 'd you do podalic version,
If the indications call
For inter-uterine conversion
To save the child at all?

And the kidney, do you know it?
Can you give its tubes and cells,
And inflammations that affect it,
Just as Dr. Dillow tells?

These are only sample "stickers;"
Worse the Censors often give
To the proud but weak-kneed Seniors,
Ere they pass them through their sieve. G.T.H.